

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND  |                                   |  |                          |           |    |   |    |   |   |   |   |
|--|-----------------------------------|--|--------------------------|-----------|----|---|----|---|---|---|---|
| 1 Date of Request: <u>10/12/04</u>   |                                   | 2 Serial/Patent # <u>10/752,397</u>  |                          |           |    |   |    |   |   |   |   |
| 3 Please refund the following fee(s):  |                                   | 4 PAPER NUMBER   | 5 DATE FILED             | 6 AMOUNT  |    |   |    |   |   |   |   |
|  | Filing                            |  |                          | \$        |    |   |    |   |   |   |   |
|  | Amendment                         |  |                          | \$        |    |   |    |   |   |   |   |
|  | Extension of Time                 |  |                          | \$        |    |   |    |   |   |   |   |
|  | Notice of Appeal/Appeal           |  |                          | \$        |    |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>  | Petition                          | —  | 6/23/04                  | \$ 130.00 |    |   |    |   |   |   |   |
|  | Issue                             |  |                          | \$        |    |   |    |   |   |   |   |
|  | Cert of Correction/Terminal Disc. |  |                          | \$        |    |   |    |   |   |   |   |
|  | Maintenance                       |  |                          | \$        |    |   |    |   |   |   |   |
|  | Assignment                        |  |                          | \$        |    |   |    |   |   |   |   |
|  | Other                             |  |                          | \$        |    |   |    |   |   |   |   |
|  |                                   |  | 7 TOTAL AMOUNT OF REFUND |           |    |   |    |   |   |   |   |
|  |                                   |  | \$ 130.00                |           |    |   |    |   |   |   |   |
| 8 TO BE REFUNDED BY:   |                                   |  |                          |           |    |   |    |   |   |   |   |
|  |                                   | Treasury Check   |                          |           |    |   |    |   |   |   |   |
|  |                                   | Credit Deposit A/C #:  |                          |           |    |   |    |   |   |   |   |
|  |                                   | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> </tr> </table>  |                          |           | 0  | 1 | -- | 1 | 1 | 2 | 5 |
| 0  | 1                                 | --   | 1                        | 1         | 2  | 5 |    |   |   |   |   |
| 10 REASON:   |                                   |  |                          |           |    |   |    |   |   |   |   |
|  | Overpayment                       | <input checked="" type="checkbox"/> Credit Deposit A/C #:<br><table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">1</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> </tr> </table> |                          |           | 0  | 1 | -- | 1 | 1 | 2 | 5 |
| 0  | 1                                 |  |                          |           | -- | 1 | 1  | 2 | 5 |   |   |
|  | Duplicate Payment                 |  |                          |           |    |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>  | No Fee Due (Explanation):         |  |                          |           |    |   |    |   |   |   |   |
| <div style="font-size: 1.2em; font-family: cursive;">post card receipt, drawings</div> |                                   |  |                          |           |    |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:  |                                   |  |                          |           |    |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Patricia Faison-Ball</u>  |                                   | TITLE: <u>Attorney</u>   |                          |           |    |   |    |   |   |   |   |
| SIGNATURE: <u>Patricia Faison-Ball</u>   |                                   | PHONE: <u>571-272-3212</u>   |                          |           |    |   |    |   |   |   |   |
| OFFICE: <u>Petitions</u>   |                                   |  |                          |           |    |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****                                   |                                   |  |                          |           |    |   |    |   |   |   |   |
| APPROVED: <u>Alana Kelly</u>   |                                   | DATE: <u>10/13/04</u>  |                          |           |    |   |    |   |   |   |   |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: